Fully Functional Service Delivery Point Training for Facilitators: Report for Ghazni Province, Afghanistan

March 2005

This report was made possible through support provided by the US Agency for International Development, under the terms of Contract Number EEE-C-00-03-00021-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the US Agency for International Development.

Rural Expansion of Afghanistan's Community-Based Healthcare (REACH)
Management Sciences for Health
784 Memorial Drive
Cambridge, MA 02139
Telephone: (617) 250-9500
www.msh.org

Fully Functional Service Delivery Point Training for Facilitators: Report for Gazni Province March 2005

Background

The Fully Functional Service Delivery Point (FFSDP) is a quality improvement tool for the health facility level that has been adapted by REACH/PSS to the Afghan context. The conceptual framework was presented to REACH, USAID and the Ministry of Public Health (MOPH) in September, 2003. The MOH showed a high level of interest and requested the Rural Enhancement of Community-based Healthcare (REACH) program to conduct a first stage implementation phase. A commitment and willingness from 3 non-governmental organizations (NGO) was obtained to participate in the first stage implementation phase of FFSDP.

The results of the first phase of implementation, which started in June 2004 and ended in November 2004, were presented to REACH, USAID and MOPH in December 2004. In view of the promising results, the MOPH decided to present the FFSDP methodology to its Technical Advisory Group (TAG) for further adoption of the tool throughout Afghanistan. In the meantime, REACH decided to scale-up the implementation of FFSDP to all REACH-supported facilities in the 13 REACH priority provinces.

The scale-up implementation will be done in two phases in each province. In the first phase a 4-day training workshop will be conducted by the FFSDP core team for REACH grantees, NGOs and Provincial Health Offices (PHO) followed by a baseline evaluation of 6-8 health facilities in each province (3-4 health facilities of each NGO). The baseline evaluation is the practical part of the FFSDP initial training during which the trainees learn how to conduct health facility evaluations and at the same time the REACH field office (FO) staff are evaluated as external facilitators and as FFSDP trainers.

During the second phase, the remaining REACH-supported health facilities in the province will be covered by REACH FO staff who have already received FFSDP training.

Training Objectives

- Demonstrate understanding of the role of FFSDP as a needs-based technical assistance delivery tool for improving the quality of Basic Package of Health Services (BPHS) provision (at the service delivery point level, including the health facility and surrounding community health workers (CHW) and communities).
- Carry out a technical assistance needs assessment and guide NGO facilitators in developing a work-plan for prioritizing corrective actions.
- Provide technical assistance to NGO facilitators for appropriate use of the FFSDP tool to support health providers in making sustained improvements in essential management support systems.

See **Annex A** for the prerequisites for successful participation in these workshops.

Training Methodology

The training is based on a comprehensive training manual developed specifically for FFSDP. The training aims to foster 1) understanding of the FFSDP concept and methodology and values of the standards, 2) understanding of the use of the FFSDP evaluation and educational documents, and 3) improved facilitation skills as sustainable behavior changes are addressed all along in application of the FFSDP tool. The training methodology includes the use of PowerPoint presentations, questions and answers, discussions, role plays, and exercises and follows a participatory methodology.

Four days of theoretical training are followed by 3 days of observation of an external evaluation as a practical training. Guidance is provided in scoring the findings of the evaluation and in providing supportive feed-back to the supervisor and the health facility staff.

Training and Baseline Evaluation Dates

February 20-23, 2005: Introduction to the FFSDP methodology and concepts.
February 24-27: Baseline evaluation and field visits in Mirai Ander District Hospital (NAC), Qala-e-Naw BHC (BDF), Moqur CHC (NAC), Laghabad BHC (SDF), Deh Yak CHC (SDF) and Toormay CHC (BDF).
February 28: 1) Certificates awarded to participants by REACH Master Trainers.
2) NGO internal facilitators developed their 6 months work plan for corrective actions with the support of FFSDP Master Trainers and FFSDP support team.
March 2: Feedback and presentation of results to the NGO Headquarters.

See **Annex B** for a list of participants

FFSDP Master Trainers

Dr.Fatima Shobair—FFSDP Quality Monitoring Officer, REACH
Dr.Shakoor Hatifie—Quality Improvement/FFSDP Technical Advisor, REACH

FFSDP Ghazni Support Team

Dr.Rohollah (BDF), Dr.Noori(NAC), Dr.Hashim and Dr.Nafisa (SDF) team will be chaired by Dr.Mirwais (Health Officer /REACH field office) and will be supported by Dr.Safi (Ghazni PHA/REACH).

Training Language

Training was provided in Dari

Training Results

Participants' knowledge about the FFSDP tool: comparing the pre- and post-evaluation sheets there was a 85% improvement in the level of knowledge about the tool.

Participants concerns and expectations:

- All of the participants found that their expectations of the training had been met and many of their concerns were reduced.
- All of the participants participated with enthusiasm and interest and they found that FFSDP is a tool to help them improve the quality in their health facilities (especially as they evaluated their own health facilities as part of the practical training)
- Five percent expressed that the duration of some sessions of the training was too short.
- All of the participants indicated that the field observation helped them to gain more confidence in conducting assessments and that FFSDP is a tool to help them improve the quality in their health facilities on their own
- All of the participants liked and appreciated the training methodology used as everyone had a chance to fully participate.

One participant noted "At the beginning I thought I may not attend this workshop as it doesn't provide any perdiem, and I was not sure what these people will teach us. But by attending the first day, I found it very useful and interesting and I didn't want to miss even one second of the class"

Results of the Baseline Evaluation (field visit)

Baseline Evaluations were conducted in 6 health facilities (two from each NGO—SDF, BDF, NAC). See **Annex C** for the name, type and location of the health facilities.

All participants were very enthusiastic and attentive during the evaluation. As they fully understood the value of each standard during the training, they did not demonstrate a tendency of giving a positive score to a standard which in fact was not met as we had experienced in the very first phase of implementing FFSDP (June 2004). Indeed, already during the theoretical training they had started to understand some of their own facility's weaknesses.

In general all 3 NGOs are in better position regarding resources; weaknesses identified were in the areas of: 1) proper management support systems, 2) a community approach, and 3) community support.

For example, there is no proper ordering and stock control system for essential drugs and supplies. There is a great need for a system for and training in proper clinical waste management.

One facility had a *shura-e-sihie* (Community Health Committee) formed but it was not functional as it had no regular meetings and no formal linkage and follow-up activities. The rest of the facilities did not have any *shura-e-sihie*. After introduction of FFSDP, most of the health facilities are developing their *shura-e-sihie*. Therefore, this is the proper time to train them on community leadership.

There were no active CHWs as yet in any of the facilities except one, and even in this one there were no linkages between CHWs and this health facility. Instead, CHW reports (MAAR) are collected by CHW supervisors and kits are provided by NGO supervisors directly from NGO head office, bypassing the health facility. Participants advised to have this linkage through health facility staff rather than the NGO head office. CAAC had been conducted in one of the 6 health facilities, but the results were not analyzed yet.

The work of NGOs is extremely centralized, which is minimizing the empowerment of the health facility staff. For example, there is no involvement of the health facility staff in the training assessment of its staff and there are no proper training activities at the level of health facility. Staff job descriptions and staff qualification documents are not available at the health facility; staff are not aware of the annual budget for their health facility.

See **Annex D** for the results of the baseline evaluation for each NGO.

CONCLUSION

In general the FFSDP REACH team received very positive feedback from the participants about the efficacy of the training and training methodology used.
They were also very appreciative of the field visits and found them a very effective way to expand their knowledge and skills.

The idea of establishing a joint FFSDP support team was welcomed by the participants. The team members have been identified and they *wi*ll have their first meeting on March 18. This team will work directly with the health facility staff and provide TA on the spot. During their monthly meetings, they will share their skills, experience and knowledge with each other for problem solving. The FFSDP support team will send information of all activities they had in the field to the FFSDP core team in Kabul. The FFSDP core team will provide technical assistance support as needed.

END NOTE: Impact of FFSDP during the first evaluation

When evaluating the Qala-e Naw Basic Health Center (BHC) in Khwaja Omeri District, elders and representatives of Qala-e Naw came to us and asked about our program. They started to speak about some of their problems. When the FFSDP team informed them about the aims of FFSDP and, particularly, the value of the importance and responsibilities of a *shura-e-sihie* in the catchment area of each facility, they welcomed our program. And when asked to form a *shura-e-sihie* in order to improve the BHC services they decided to form one. After discussions, the Qala-e-Naw BHC had its own *shura-e-sihie*. After the baseline evaluation was performed they convened their first meeting and they recorded minutes. They also promised to expand the number of the members in order to include the women.

Annex A

Prerequisites for Successful Participation in Workshop

- Experience in public health in Afghanistan
- Sufficient seniority to facilitate providing technical assistance to senior NGO/health facility staff
- Good knowledge and understanding of MOPH BPHS in Afghanistan
- Good understanding of the community based health care system of the MOPH in Afghanistan
- Strong motivation to use FFSDP for needs assessment-based delivery of technical assistance.

Annex B

List of Participants for FFSDP Training Workshop, Gazni—February 20 - 27, 2005

PARTICIPANTS	
Name	**Designation**
Dr.Mirwais s/o Ghulam Nabi	Cluster Manager (BDF)
Dr.Hashim /Gholam Sakhi	Coordinator (SDF)
Dr.Nafeesa/Hayatullah	CHW Coordinator (SDF)
Dr.Ruhullah/M.Nabi	Master Trainer (BDF)
Dr.Abdul Wasi Quraishi/ Abd. Fatah	Health Supervisor (BDF)
Dr.Mirwais/	REACH/PSS Health Officer/Ghazni
Dr.Amanullah/	M.D./Tormai CHC Incharge (BDF)
Dr.Neek Mohammad/	M.D./De Yak CHC (SDF)
Mr.Said Mohammad Shah/	M.D BHC Incharge (BDF)
Dr.Ajab Khan/	Zana Khan CHC Incharge, M.D. (SDF)
Dr.Dawood/ Khair Mohammad	M.D/MOPH
Dr.Homayoon Safi/	REACH/PSS Ghazni Provincial Health Advisor
Mr.Afzal/Mohammad Azim	FFSDP facilitator MSH/REACH
Dr.M.Qasim/M.Omar	Health Support Officer(NAC)
Dr.Hameedullah/	M.D Qara BaghCHC INCHARGE(NAC)
Dr.Hameedullah/	M.D Mirai DH INCHARGE (NAC)
Dr.Abd.Hamid/ Gulab Khan	M.D Muqur CHC INCHARGE (NAC)

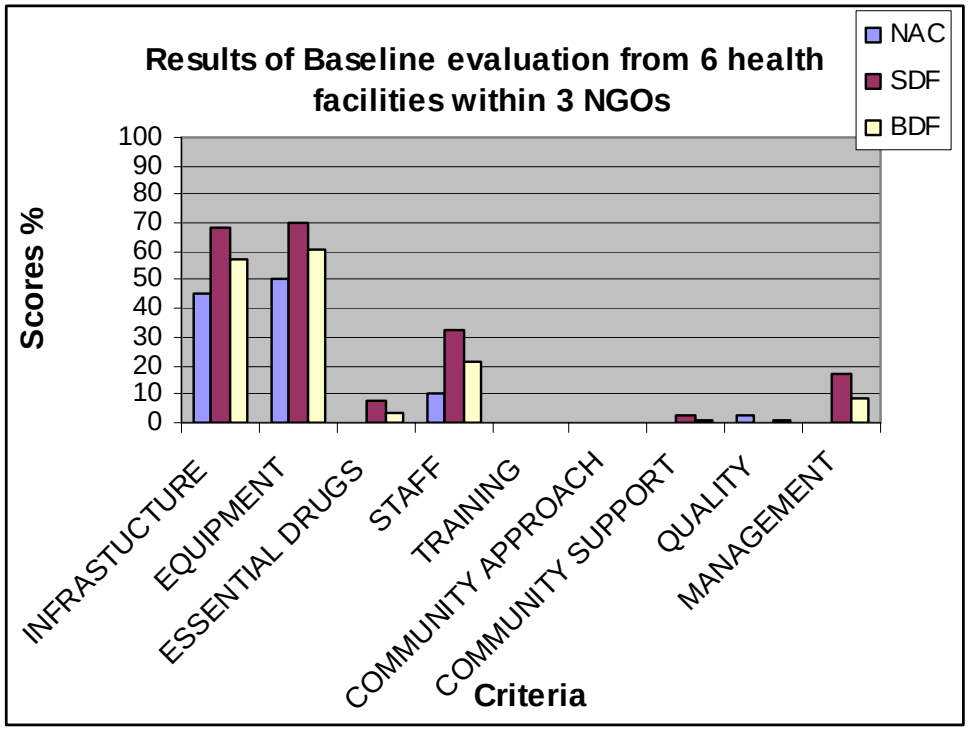
Annex C

Health Facilities Visited During the FFSDP First Phase Baseline Evaluation, Gazni Province

CODE NUMBER OF FACILITY	TYPE OF FACILITY	DISTRICT/LOCATION OF FACILITY	ORGANIZATION OF FACILITY	NAME OF MASTER TRAINER
1717	BHC	De Yak/Laghabad	SDF	Dr.Fatima
275	CHC	De Yak	SDF	Dr.Fatima
255	CHC	Khoja Omari/Tormai	BDF	Dr.Fatima
263	BHC	Khoja Omari/Qala-e-Naw	BDF	Dr.Shakoor
No code #	CHC	Muqur	NAC	Dr.Shakoor
270	DH	Mirai	NAC	Dr.Shakoor

Annex D

Results of the Baseline Evaluation of 6 Health Facilities in Ghazni (NAC, SDF, BDF)




22 2 2005


Community Based
Health Care Program
(REACH)
Four Days TTSDP Workshop
Province : Ghazni


22 2 2005